

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 28540

Registration District No. 400

Primary Registration District No. 5553B

Registrar's No. 139

1. PLACE OF DEATH:

(a) County Jackson Co. Mo.  
(b) City or town Little Blue, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Jackson Co. Emery Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 hrs.  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Sarah Belle Drake

3. (b) If veteran, ✓ name war. \_\_\_\_\_ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, infant

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug. 31 1941  
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 3 hr. 10 min.

9. Birthplace Little Blue Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Baby

11. Industry or business \_\_\_\_\_

12. Name Carl Drake

13. Birthplace Oreola, Mo. (City, town, or county) (State or foreign country)

14. Maiden name Sarah Laker

15. Birthplace Seclain Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Jackson Co. Emery Hospital

(b) Address Little Blue, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 1-41 (Month) (Day) (Year)

(c) Place: burial or cremation Lee's Summit

18. (a) Signature of funeral director W. B. Langford

(b) Address Lee's Summit Mo.

19. (a) Aug 31-41 (Date received local registrar) (b) Sarah P. Barnes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson Co.  
(c) City or town Little Blue  
(If outside city or town limits, write "RURAL")  
(d) Street No. Jackson County Hospital  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31  
year 1941 hour 10 minute 14 AM

21. I hereby certify that I attended the deceased from Aug 31, 1941, to Aug 31, 1941, that I last saw her alive on Aug 31, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Due to Prematurity 3 Hours 10 mins

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 159

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underlines the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Leann Speer, M.D. (M. D. or other) Address Little Blue, Mo. Date signed 9-4-41

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**